

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/687,035
	Filing Date	October 15, 2003
	First Named Inventor	Earl F. Albone
	Art Unit	1642
	Examiner Name	Laura B. Goddard, Ph.D.
	Attorney Docket Number	210121.727

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: **00500**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number **00500**

OR

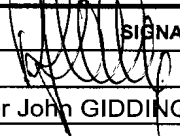
<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Email			

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71,
to prosecute the application to the exclusion of the inventor(s).

SIGNATURE of Applicant or Assignee of Record			
Signature		Date	01 OCT 2007
Name	Peter John GIDDINGS		
Title and Company (Assignee)	Attorney & Authorised Official Corixa Corporation		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.